

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.  
**101633,204**

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT											
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1																
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49																
50																
TOTAL IND.							6	TOTAL IND.								
TOTAL DEP.							27	TOTAL DEP.								
TOTAL CLAIMS							33	TOTAL CLAIMS								